

KENTUCKY BOARD OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING

P.O. Box 1360
Frankfort, KY 40602
(502) 782-8803
ATTN: Board Administrator, KBI

TEMPORARY LICENSE REINSTATEMENT APPLICATION

KRS 309.314 Does not allow the renewal of a temporary license. Temporary licenses shall be reinstated only under limited circumstances. All temporary licenses **not** extended prior to August 31 each year will terminate and the licensee must **CEASE AND DESIST** the practice of interpreting for the deaf and hard of hearing in the Commonwealth of Kentucky.

The board may reinstate and extend a temporary license only if the licensee submits:

- 1) proof sufficient to the board of situations such as:
 - (a) Medical disability of the licensee;
 - (b) Illness of the licensee or an immediate family member; or
 - (c) Death or serious injury of an immediate family member.
- 2) Temporary License Reinstatement Application form,
- 3) Completion of all continuing education requirements (see part 14 of this form),
- 4) A letter from your mentor recommending your extension,
- 5) A new Plan of Supervision, and
- 6) The reinstatement fee of \$125.00 (non-refundable), in addition to the \$125.00 (non-refundable) license extension fee, check or money order made payable to the **Kentucky State Treasurer (DO NOT SEND CASH). Fees are non-refundable.**

Incomplete forms will be returned.

COMPLETE THE FOLLOWING: (PRINT or TYPE)

1. _____
 NAME: *LAST* *FIRST* *MIDDLE*
2. _____
 SOCIAL SECURITY NUMBER LICENSE NUMBER
3. _____
 MAILING ADDRESS: *STREET* or *P.O. Box*
- _____

| | | | |
|-------------|--------------|------------|---------------|
| <i>CITY</i> | <i>STATE</i> | <i>ZIP</i> | <i>COUNTY</i> |
|-------------|--------------|------------|---------------|
4. _____
 TELEPHONE: *(WORK)* / *(HOME)* / *(CELL)*
5. _____
 E-MAIL ADDRESS FAX #
6. _____
 PRESENT EMPLOYER & BUSINESS ADDRESS:

7. Date of initial issuance of temporary license: _____

8. Did you initially apply as a Deaf or Hard of Hearing individual? ☐ Yes ☐ No

- A temporary license is granted for a maximum of FIVE (5) consecutive licensure years from the date of issue, including any reinstatements that may have occurred during that timeframe. (i.e. A temporary license issued on July 1, 2012 will terminate no later than July 1, 2017). Individuals who initially applied as Deaf or Hard of Hearing, working towards becoming a CDI, may hold temporary licensure for a maximum of TEN (10) consecutive licensure years from the date of initial issuance.
- An application for extension and appropriate fees must be sent in each year.
- At the end of that timeframe, there are no more extensions or reinstatements.

Note: "Licensure year" means the period between July 1st of each year and June 30th of the following year or the time from which a license or temporary license was granted until the next June 30th.

9. EDUCATION:

Did you graduate from an Interpreter Training Program and receive a degree? ☐ Yes ☐ No

(If yes, check one): B.A. _____ A.A. _____

10. List any and all degrees obtained, whether an ITP or non-ITP degree.

| POST SECONDARY INSTITUTION | DEGREE | COMPLETION DATE | MAJOR |
|----------------------------|--------|-----------------|-------|
| | | | |
| | | | |
| | | | |

11. Have you been convicted of a felony or misdemeanor where a jail sentence was imposed, or any crime involving moral turpitude since the last renewal of your license? ☐ YES ☐ NO If yes, what offense and give details:

(Send Supporting Documentation)

12. Have you ever been convicted of violating any federal or state law applicable to the practice of interpreting? ☐ Yes ☐ No If yes, what offense and give details:

(Send Supporting Documentation)

13. Has your License to be a licensed interpreter or any other professional credential in Kentucky or any other state been subject to disciplinary action? ☐ Yes ☐ No If yes, give details:

(Send Supporting Documentation)

Have you ever been found to have violated the code of ethics of a national organization that issued you a certification you hold or ever held? ☐ Yes ☐ No If yes, give details:

(Send Supporting Documentation)

14. CONTINUING EDUCATION

- Complete the form below including complete date and hours obtained.
- You must attach documentation of continuing education.
- It is your responsibility to maintain all documentation of attendance.
- *(Requirements for continuing education for a reinstatement is outlined in 201 KAR 39:060 & 201 KAR 39:090, as applicable)*
- Incomplete forms will be returned.
- Requirements for continuing education are outlined in 201 KAR 39:090, including those requiring prior Board approval. Eighteen (18) clock hours, 3 in ethics, are required.
- Incomplete forms will be returned

| Workshop/Training/Course Name | Dates Attended mm/dd/yy | CE Hours Earned | Sponsoring Organization | Prior Board Approval was obtained? (if applicable) |
|---|----------------------------|--------------------|----------------------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Ethics (3 hours required): List Ethics hours below this line: | | | | |
| | | | | |
| | | | | |

CERTIFICATION AFFIDAVIT

I, the licensee named in the above, do *certify under penalty of law* that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board Interpreters for the Deaf and Hard of Hearing.

Date _____ Applicant's Signature _____
mm/dd/year (Sign your name - Do not print or type)

Do Not Write Below This Line--For Board and Office Use Only

AUDIT REVIEW - FOR BOARD MEMBER USE ONLY

Application status: ☐ Approved ☐ Denied

Board Member(s): _____ Date: _____

Resubmitted for review: ☐ Approved ☐ Denied

Board Member(s): _____ Date: _____

Comments: _____
